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Za 9. Dianne Franklin APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/937 802 02/11/2002 01597/LH Thord Agne Gustaf Nilson 7135 TITLE OF INVENTION: ROTOR FOR A HIGH SPEED PERMANENT MAGNET MOTOR APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1300 \$0 \$1300 08/21/2003 EXAMINER ART UNIT CLASS-SUBCLASS AGUIRRECHEA, JAYDI A 2834 310-156220 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) Frishauf, Holtz, Goodman: the names of up to 3 registered patent attorneys 1 & Chick, P.C. or agents OR, alternatively, (2) the name of a $\hfill \Box$ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. single firm (having as a member a registered attorney or agent) and the names of up to 2 YET Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer registered patent attorneys or agents. If no name is listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE INMOTION TECHNOLOGIES AKTIEBOLAG Stockholm, Sweden individual XXcorporation or other private group entity government Please check the appropriate assignee category or categories (will not be printed on the patent) 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): ☐ A check in the amount of the fee(s) is enclosed. XXXIssue Fee ☐ Payment by credit card. Form PTO-2038 is attached. ☐ Publication Fee Advance Order - # of Copies The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). Commissioner for Patents is/requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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